

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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25						
26						
27	I					
28	I					
29	I					
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	I	I				
TOTAL DEP.	I	↔	↔	↔		
TOTAL CLAIMS	2	2	2	2	2	2

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		2	2	2	2	2